Seniors CAN - The Curriculum

More than 37 million Americans are age 65 or over. That number is expected to double in the next 20 years. The Seniors CAN program was developed in Las Vegas, which is now one of the nation’s top retirement destinations. More than one-fourth of the 2 million Clark County residents are in the 55-plus age category. These older adults must be given ways to help maintain their independent living status in the community and their quality of life. The Seniors CAN educational program was developed to help fill that need, and can be adapted for any locale. Some of the examples in certain lessons can be localized to any community with a minor amount of research. (i.e. Lessons F-1, F-2, and P-1).

Program Goals

The program is designed to help seniors who live independently in their own homes to maintain free-living status in the community through an intensive educational program and by creating social support networks. This may result in a healthier, extended life for seniors, as well as further developing the potential for seniors to make important contributions to the community.

**Goal 1:** Create education to facilitate independence.

The curriculum includes information relating to issues identified as important in the Department of Health and Human Services' Healthy People 2010. Program participants receive information designed to assist them to make good personal and health-related decisions and improve their quality of life.

**Goal 2:** Create interaction conducive to the formation of an interdependent social support network.

A growing body of research demonstrates the positive role of social networks in health outcomes. This component is facilitated by the 16-week length of the program, the inclusion of participant’s experiences while incorporating the material presented, and the establishment of a mutually trustworthy place for dialogue.

**Target Audience:** Over age 55, living independently.

**Community settings.**
This educational program is designed to be taught at congregate sites such as senior centers. This provides the opportunity to reach a large number of seniors with crucial health, wellness and life skill information contained in the curriculum.

With minor adjustments, the program can be adapted as an in-home program for small groups. This approach enhances the social network component of the program.

**Recruitment**

Many senior centers and senior living facilities (public and private) such as apartments are constantly looking for new programs for their clientele. We have found a few key contacts at municipal departments such as Parks and Recreation or Senior Services Division to be helpful in determining locations. Once the local senior service community learns about the impact of Seniors CAN, demand for the program is strong.

The class series is added to the program schedule at the site. Recruitment is generally accomplished with flyers distributed/posted at congregate sites and by using senior center or apartment/condominium complex newsletters. We also speak at subsidized lunch programs or other group meetings to promote the program. At these events we have participants sign up in person or call to register in order to reserve a space due to limits on class size. We ask for their name and phone number. The day before the first class, the class instructor phones each registered participant. This reminder call has worked well to ensure attendance at the first class. Samples of a recruitment flyer and a press release for local media or internal newsletters are part of this curriculum.

**Teaching the Seniors CAN Program**

The enclosed curriculum outlines information for teaching older adult groups on a variety of topics related to health, safety, economics and well-being. Group participation, discussion, questions and comments are strongly encouraged. The interactive nature of the process and the emphasis that each student try ideas from the lessons and report back to the class is a crucial educational component. During the lessons, group members are asked what information was useful to them. Program participants are pre- and post-tested on three scales; loneliness, mastery and perceived stress. They are also pre- and post-tested on a 22-item measure of change in knowledge and four-item behavioral change measure.

**Curriculum components.**
The curriculum includes 15 lessons. Each contains a lesson plan, a handout summarizing the main instructional points to be copied and distributed to the participants, and related materials for distribution at the meetings.

**Sequence of lessons.**

The order of the lessons is flexible and can be determined by the instructor. Our experience has shown that it is better to begin with N-1, the basic nutrition lesson, because so many of the ideas presented in other sessions build upon that information. Older adults hear a lot of confusing/conflicting information about diet and its relationship to disease and are usually interested in this topic. We have also learned that it is best not to teach all the nutrition and food safety lessons in order. Intersperse them with other topics. The two-part lessons are best delivered in the designated sequence, i.e. Food Safety, parts 1 and 2; Reducing Accidental Falls, parts 1 and 2; and Healthy Low-Cost Eating & Shopping, parts 1 and 2.

**Program Administration**

**Class size limitations.** This is often dictated by the size of facility available. Many classes are held in smaller rooms. We have found the limit to be around 35 and the ideal number of students seems to be 8-20. With too many students it becomes difficult for each to participate, leaders emerge and others can become too intimidated to discuss issues or ask questions.

**Obtain phone numbers of participants.** This serves two purposes. You can call to remind them of classes. You can also call to check up on someone who has missed several classes to see if the person is ok. Participants seem to enjoy the caring nature of this, and it helps them feel a part of an ongoing group rather than the idea of individual sessions.

**Record Keeping.** Forms we have developed to aid record keeping are part of this curriculum: initial program sign-up sheet, attendance, weekly sign-in sheet, participant summary and a template with suggested topics for instructors to complete written reports (if required) on each group meeting. The weekly written reports are especially useful for an administrator who is not in the classroom to see what is going on. It also helps new instructors organize their thoughts about how the class is proceeding. Valuable qualitative information has been derived from these reports. We have included a sample write-up on a typical class in this section of the curriculum.

**Crucial Teaching Tool**
It is crucial for the educational impact of this program that the class facilitator finds a way to get students to select an idea from each lesson to incorporate into their lives. Having the students try to adapt the material into their lives personalizes the information. At the next week's class they report their experiences and are able to ask questions/share knowledge/solve problems in a safe, supportive, learning environment. If what they try works, that’s great. If it doesn’t, that’s great too because they will either come up with an alternative approach we might never think of OR when they relate what didn't work, others in the class will offer their input and how they made it work. It is important to remember that we are merely facilitators. Our students have a lifetime of experience and must be allowed, in a supportive manner, to incorporate the information in their own way. It is also important to not make participants feel guilty if something came up that prevented them from trying the idea they had selected the previous week. Doing so could discourage them from attending future classes.

Program Evaluation

Program impact can be measured in three ways through two quantitative (scales and knowledge) and one qualitative assessment. The following forms are included in this section.

Quantitative

Scales: Pre- and Post-Test

- Three scales are used to measure loneliness, mastery and perceived stress before and after the series.

  1. The Revised UCLA Loneliness Scale is a widely used 4-item unidimensional loneliness scale which has been used in its various short and long versions with numerous populations including older adults.

  2. The mastery scale selected for this study is a seven-item scale of personal mastery which has been used in studies of mental and physical functioning and productivity in elderly populations.

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(3) *The Perceived Stress Scale*\(^5\) is a 10-item instrument developed for use both as an outcome measure of experienced levels of nonspecific stress and as a tool for examining the role of stress in the etiology of disease.

Completion of the scales takes approximately 10 minutes. It is administered in the first session and the second to last session. The final class is rushed and the ending of the program can be stressful to active participants. Our experience has shown that it is better to give the scales at the beginning of the second to last class. To protect confidentiality, an identification code is placed on a separate sheet.

**Knowledge Test: Pre- and Post-Test**

A 22-item test of knowledge gained and four-item behavioral change measure is given at the first session and re-administered at the final session.

**Qualitative**

Qualitative input is sought from participants about what the program has meant to them. The primary means are class reports and focus groups.

- Qualitative information on program impact often emerges in class discussions as the program advances. An outline for decoding these notes is included in this section of the curriculum.
- This can also be accomplished at the last session as a group activity. You can follow up with students after the program has ended, either individually or in focus groups.

**Findings:**

Comparisons between pre-and post-test scores for participants who completed the entire 16-week program from 1999 to mid-2008 (N=959) demonstrate that the program significantly decreased loneliness and stress (p<.0001). Mastery and knowledge levels increased significantly (p<.0001).

Analysis of post-post tests collected since 2002 at four to six month intervals after program completion (n=210) indicate that mastery increased and loneliness and stress decreased not only from the beginning of the *Seniors CAN* program but also after the end of the program.

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